



2014 LSC-LRAP
Participating Attorney Certificate of Employment and Good Standing
October 01, 2013 - March 31, 2014

Use this form to certify employment and good standing with an LSC-Grantee for the period October 01, 2013 through March 31, 2014. In order to receive the first disbursement of FY2014 LSC-LRAP loan, this form must be completed by the executive director, or appointed designee, of the LSC-Grantee at which the participating attorney is employed and sent to LSC. A separate form is required for each attorney receiving LSC-LRAP assistance in FY2014. This form can be filled online. When you have completed the form, save the form as a PDF. To do this, go to file-save page as-your name-grantee name. Send the file to the participating attorney for submittal to LSC.

Participating Attorney Name

LSC-Grantee

LSC-Grantee Number

Check all applicable boxes

Participating attorney	is currently an employee and is in good standing
	is currently an employee but is NOT in good standing

Participating attorney

remained in good standing with the program during the entire period from October 1, 2013 through March 31, 2014.

did NOT remain in good standing with the program during the entire period from October 1, 2013 through March 31, 2014

Time-limited Fellowship Program

The participating attorney is not currently a participant in any time-limited fellowship programs

(First-time participating attorneys only) Participating attorney is a recipient of a time limited fellowship and there is a reasonable expectation he or she will remain in the employment of the program through September 30, 2016

(First-time participating attorneys only) Participating attorney is a recipient of a time limited fellowship and there is NOT a reasonable expectation he or she will remain in the employment of the program through September 30, 2016

If the participating attorney did NOT remain in good standing with the program during this period, please state the reason and date:

did not pass bar examination and left the program, effective date _____

left program by his/her choice, effective date _____

was asked to leave by program, effective date _____

Other, please describe below:

I certify that the above information is true to the best of information and knowledge.

Program Executive Director/Designee Name

Signature

Title

Date